



UNIVERSIDADE
LUSÓFONA
DO PORTO

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What makes the Difference between Female Orgasmic Experiences? Analyzing the Distinctions
between Women with Multi-Orgasmic, Single-Orgasmic or Anorgasmic Experiences

Trabalho realizado sob a orientação da
Professora Doutora Cátia Margarida dos Santos Pereira de Oliveira

Novembro 2019



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Novembro, 2019

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Á minha família, aos Los Picos

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“Don’t ever let someone tell you that you can’t do something. Not even me. You got a dream, you gotta protect it. When people can’t do something themselves, they’re gonna tell you that you can’t do it. You want something, go get it. Period.”

Will Smith (The Pursuit of Happiness)

“Voglio lasciarmi andare, voglio di piú per me, voglio buttarmi per cadaere verso l’alto”

Fabio Volo

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Resumo

Quais as Diferenças entre experiências orgasmicas? Uma análise de distinções entre mulheres com experiências multiorgasmicas, de orgasmo singular ou anorgasmicas

A ciência tem demonstrado a importância da sexualidade na qualidade de vida das pessoas, bem como o seu impacto na qualidade das relações amorosas. Existem vários tipos de orgasmo feminino, sendo que o presente estudo aborda três das suas formas, que até ao momento presente, ainda não foram comparados. Mais especificamente, o principal objetivo do presente estudo consistiu em comparar três grupos de mulheres relativamente a diferentes variáveis psicossociais: um grupo com anorgasmia, um grupo de mulheres que experienciam um único orgasmo e um grupo de mulheres com orgasmo múltiplo. Um total de 593 (mulheres com anorgasmia N=87; orgasmo singular N=150; orgasmo múltiplo N=136) participantes preencheram vários questionários de auto-reposta (*mindfulness*, comunicação, satisfação sexual, *sensation seeking*, imagem corporal) numa plataforma online. Os resultados revelaram a existência de diferenças significativas entre mulheres com anorgasmia e as mulheres com orgasmo único ou múltiplo, não sendo identificadas diferenças significativas entre os últimos dois grupos. As mulheres pertencentes ao grupo com anorgasmia, apresentaram valores significativamente mais baixos de *mindfulness*, da imagem corporal e satisfação sexual, bem como uma menor frequência e facilidade em comunicar com o parceiro durante a atividade sexual, comparativamente com os restantes grupos. Os resultados do presente estudo pretendem contribuir para a compreensão das dificuldades que as mulheres apresentam na experiência do orgasmo, mas também para uma melhor definição do orgasmo feminino em geral e as respectivas variáveis associadas.

Palavras chave: Orgasmo, Orgasmo Múltiplo, Anorgasmia, Mindfulness, Imagem corporal, Satisfação Sexual, Comunicação

Summary

As science has demonstrated, sexuality has a significant impact on human lives, as it influences the level of comfort with oneself and with a partner. Different types of female orgasms have been identified and the present study evaluated three specific types of orgasm experiences, that have not yet been compared in literature. Hence, we aimed to explore the differences on various psychosocial variables between women that experience either singular orgasms, multiple ones or suffer from anorgasmia. 593 women in total (with anorgasmia N=87, singular orgasm N=150, with multiple orgasm N=136) participated in our online survey using self-report questionnaires. The collected information may influence and donate treatment methods, new information, and disclose bigger inside on how orgasms in general operate and get influenced. Data was collected online, using various pre-existent scales. Results suggest significant differences between women with anorgasmia and the two orgasm groups, while no significant discrepancies were encountered between women with single and those with multiple climax. Women who suffer from anorgasmia showed to score lower on mindfulness, have a more dysfunctional body-image, they are less sexually satisfied and communicate less and with fewer easiness with their partner during sex.

Keywords: Orgasm, Multiple orgasm, Anorgasmia, Mindfulness, Sexual sensation seeking, Body Image, Sexual Satisfaction, Partner Communication

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Acronyms and abbreviations

% – Percent

e.g. – For example

et al. – And colleagues

F – F-ratio

M – Mean

N – Number of subjects

p – Statistical significance level (p value)

r – Pearson correlation coefficient

SD – Standard deviation

η^2 – Partial Eta Squared

1.Theoretical Background

1.1 The female orgasm: Defining single orgasm multiple orgasm and anorgasmia

“The female orgasm is a complex psychophysiological process that can be viewed as a variable and transient peak sensation of intense pleasure, which creates an altered state of consciousness, frequently manifested in combination with involuntary and rhythmic contractions of the pelvic striated circumvaginal muscles” (Meston, Levin, Sipski, Hull, & Heiman, 2004, p.785). These contractions are also often present in the uterine and anal area. After having reached the peak sensation of climax, myotonia resolves the vasocongestion deriving from climax (sometimes only partially), generally accompanied by a feeling of satisfaction (American Psychiatric Association [APA], 2013; Meston, et al., 2004).

Regarding the positive effects of being able to achieve orgasm, women with climax experience, report in general more positive affect during sexual activities (Tavares, 2016), have more satisfaction with their mental health (Brody, 2007b), and more marital happiness (Gebhard, 1966).

Some studies explored the difference between two types of orgasm, namely, the clitoral and the vaginal one. Clitoral orgasm refers to an orgasm caused by the stimulation of the clitoral glans. On the other hand, the vaginal orgasm is defined as climax experience reached through penile- vaginal intercourse (PVI) and the movement involved in it, without further stimulation of the clitoris (Brody & Costa, 2008; Brody & Weiss, 2011; Weiss & Brody, 2010). Studies that believe in the difference between the two orgasm types, encountered results that state, that women who reach the sexual peak experience through PVI, without additional clitoral stimulation, practice a higher

variety of sexual behaviors in their sexual interactions. However, clitoral stimulation is still considered to increase to probability to elicit orgasm (Tavares, 2016).

There are several factors that have shown to influence the female orgasm, such as cultural context (e.g. education and religion) (Nekoolaltak et al. 2017), foreplay, duration of intercourse (Tavares, 2016), psychosocial factors (Levin, 1981; Masters & Johnson, 1966; Tavares, 2016), intrapersonal, interpersonal, and contextual factors (Fisher, 1973; Hite, 1976; Sholty et al., 1984), personality characteristics (Harris, Cherkas, Kato, Heiman, & Spector, 2008), attachment style (Brennan, Clark, & Shaver, 1998; Hazan, Zeifman, & Middleton, 1994), sexual behavior (Anthony & Laan, 2012; Faith & Share, 1993), and the type of stimulation before peak experience (Anthony & Laan, 2012; Brody, 2007a,b; Brody & Costa, 2008; Brody, Costa, Hass, & Weiss, 2011; Brody & Weiss, 2011; Tavares, 2016). Although there are common factors that influence the female orgasmic experience, every woman has her individual orgasmic pattern. Studies suggest, that the female orgasmic response is more variable, flexible and individualistic than the male climax (Heiman, 2007).

Furthermore, the female orgasm can manifest in different forms, such as in single climax or multiple ones. Masters & Johnson (1966, 1970) confirmed the existence of multiple orgasms, which are characterized by a rapid succession of several climax sensations with only short interval periods (Kinsey, Pomeroy, Martin, & Gebhard, 1953). Researchers have reported that 14%-16% of women experience this type of climax (Athanasίου, Shaver, & Tavaris, 1970; Kinsey et al., 1953), and it is assumed that although the numbers are relatively low, most women have the potential to reach orgasms with these characteristics (Masters & Johnson, 1966).

But what distinguishes women with multiple orgasm experiences from those with singular ones? One of these distinctions seems to be, that women with multiple climax are more explorative in their sexual activities, the first orgasm experience happened at an earlier age (Haning et al., 2007), they give and receive different types of stimulation (e.g. oral-genital stimulation) in partnered sex, are more likely to have examined their clitoris, use or get additional clitoral stimulation during sex, explored different orgasm-achieving techniques (e.g. erotic films, sexual fantasies), and their partner is more likely to delay the own climax to give space for the female partner to orgasm. Furthermore, multi-orgasmic women seem to be more sexually adventurous and engage in a larger variety of sexual activities, while they also seem to have a more productive partner communication (Darling et al., 1991). Additionally, they reported higher levels of sexual satisfaction than single-orgasmic ones (Carneiro, 2017).

On the other hand, when an orgasm is not possible to be achieved and causes suffering to an individual, such phenomenon is named “anorgasmia”. A woman experiencing this kind of sexual dysfunction, experiences sexual excitement, but has persistent or recurrent difficulties in achieving orgasm, which results in personal distress (Hatzimouraditis & Hatzichristou, 2007). In the DSM-5 it is categorized as female orgasmic disorder, classified under sexual dysfunctions (APA, 2013). Estimates of anorgasmia vary from about 10% to 40%, depending on the specific problem (difficulty vs. inability), age/hormonal status, health, sexual experience, adequate stimulation, specific activity (partnered or not), and nature of the relationship (e.g. hook-up vs. relationship) (Armstrong, England, & Fogarty, 2012; Kontula & Miettinen, 2016; Laumann, Paik, & Rosen, 1999; Lewis et al., 2010; Smith, Jozkowski,

& Sanders, 2014).

Findings suggest that sexual difficulties reaching orgasm might be multivariate, meaning that there are multiple factors responsible for it (Basson et al., 2003; Jodoin et al., 2011). Studies have shown that the prevalent factors during partnered sex regarding orgasm problems are stress, anxiety, lack of time, and insufficient arousal/stimulation (Nekoolaltak et al., 2017; Rowland, Cempel, & Tempel, 2018).

Regarding relationships and the influence of anorgasmia on them, many studies show evidence for strong links between sexual dysfunction and a variety of relational factors including relationship satisfaction (Fisher et al. 2015; McNulty, Wenner & Fisher, 2016), and general patterns of both sexual and non-sexual communication (Mark & Jozkowski, 2013). Furthermore, anorgasmia is negatively associated to overall well-being (Davison, Bell, LaChina, Holden, & Davis, 2009; Khaddouma, Gordon, & Bolden, 2015), which gives reason to develop a better understanding of orgasmic difficulties (Newcombe & Weaver, 2016).

Given the potentially severe impact on individuals and their relationships, it is essential to develop and test theoretical models of these disorders, as well as effective treatments. Current evidence suggests that sexual dysfunctions are caused and maintained through a number of cognitive, emotional, and behavioral factors that can be efficiently treated with psychotherapy and mindfulness-based interventions (Stephenson, 2017).

1.2 Mindfulness

The origin of mindfulness goes back to the ancient Buddhist meditation practices. Jon Kabat- Zinn (1991) established this approach later, as an empirical research topic, and helped develop various mindfulness-based treatment interventions (Brotto, 2013).

But what is mindfulness? On the opposite to cognitive distraction, mindfulness means being aware of the present moment and focus on it: “When negative cognitions arise during this awareness experience, mindfulness allows their observation in an open and curious way, followed by a gentle refocus on the present moment“ (Frewen, Evans, Marai, Dozois, & Partridge, 2008, p.101).

People who score higher on mindfulness, report less frequent negative cognitions, and a higher ability to let go of negative thoughts when they arise (Frewen et al. 2008). Furthermore, it also stands in connection with present moment awareness, non-judgmental awareness, curiosity, openness and acceptance (Bishop et al. 2004). Over the years, science has demonstrated that mindfulness is an efficient treatment method for several medical and psychological problems (Grossman, Niemann, Schmidt, & Walach, 2004; Merkes, 2010), such as sexual dysfunction and loss of sexual satisfaction (Brotto, Basson, & Luria, 2008; Brotto, Krychman, & Jacobson, 2008), while studies were also able to establish a significant connection between orgasmic women and a higher level of mindfulness in their day to day routine (Adam, Geonet, Day, & De Sutter, 2015). Through the approach of mindfulness, a woman in a situation of sexual encounter can recognize a negative thought in a curious manner and then gently return to erotic fantasies and the present moment (Newcombe & Weaver, 2016).

Although the mechanisms of how mindfulness exactly acts on problems are not clear, studies have shown that women who are more mindful, may experience less cognitive distractions and may therefore score higher on sexual satisfaction (Newcombe & Weaver, 2016), while they also show lower levels of anxiety, have more acceptance and a better attitude of non-judgement (Brotto, Chivers, Millman, & Albert, 2016).

1.3 Body Image

Body image can be described as how one perceives the own body (Cash, 2002). However, research has shown that there is some complexity to this concept. It is in fact nowadays considered a multidimensional construct, that consists of the following dimensions: evaluation, investment, and affect. The evaluation of one's body image includes feelings regarding evaluation of physical appearance. The investment in regard to body image, refers to the importance an individual attributes to physical appearance and the degree of effort made to achieve personal ideals of aesthetics. What results from body-related evaluations is body image affect, which refers to emotional experiences, constructed through evaluation of one's idea of appearance (Cash, 2002).

Regarding the connection between body-image and sexual well-being, studies have found that body image is an important factor. More specifically, a negative body-image has been linked to sexual dissatisfaction (Dove & Wiederman, 2000; Hoyt & Kogan, 2001; Meana & Nunnink, 2006; Pujols, Meston, & Seal, 2010; Purdon & Holdaway, 2006; Weaver & Byers, 2006) as well as to less sexual desire and arousal (Ackard et al., 2000; Koch et al., 2005; Seal, Bradford & Meston, 2009). Moreover, research has linked it to various important aspects of female sexuality, specifically, to sexual functioning, sexual schemas, sexual esteem, and sexual behavior (Woertman &

van den Brink, 2012), as well as sexual arousal (Ackard, Kearney-Cooke, & Peterson, 2000) and risky sexual attitudes (Pinquart, 2009).

On the other hand, orgasm has been more frequently reported by women who are satisfied with their bodies (Ackard et al., 2000). Indeed, they have been reporting that their body image had a positive effect on the enjoyment (Koch, Mansfield, Thureau, & Carey 2005; Woertman & van den Brink, 2012) of their sex lives and feelings of acceptability as a sexual partner (Woertman & van den Brink, 2012). Also, women who were more satisfied with their body, reported more frequent sexual activity, were more likely to initiate sex and to try new sexual behaviors, than those who were less satisfied (Ackard et al., 2000; Trapnell, Meston, & Gorzalka, 1997).

1.4 Sexual Sensation Seeking

Different studies have shown, that there are significant differences between anorgasmic, singular orgasm, and multi-orgasmic women in their sexual behavior (Anthony & Laan, 2012; Darling et al., 1991; Faith & Share, 1993; Tavares, 2016). One of these behaviors, this study is going to focus on, is sexual sensation seeking. This behavior refers to “experiences and the willingness to take personal, physical and social risks for the sake of enhancing sexual sensations” (Zuckerman, 1994, p.27).

The findings indicate that women who experience multiple orgasms are more explorative in their sexual activities and experience pleasurable genital sensations earlier, than single-orgasmic women. This leads to the conclusion that multi-orgasmic women employ creative ways to experience orgasms, including mental stimulation with sexual fantasies, erotic literature, and erotic films. A comparison of the significant

differences in sexual behaviors of these two groups indicates that multi-orgasmic women are more likely than single-orgasmic ones to have examined their clitoris as well as both, given and received, oral-genital stimulation (Darling et al., 1991).

1.5 Communication

Improved communication may positively impact sexual functioning in several ways, increasing insight on the partner's preferences. A productive partner communication may for example, increase knowledge and understanding about the partner's needs and desires (Mark, Milhausen & Maitland, 2013).

As a result of it, a couple may also develop better strategies to agree on sexual activities that allow for more satisfying sexual experiences (Rosen, Muise, Bergeron, Delisle, & Baxter, 2015; Stephenson & Meston, 2015). The resulting positive outcome may reduce negative emotions and expectancies towards sexual intercourse, which may result in higher and more positive sexual functioning, and well-being (Stephenson, 2017). For example, multi-orgasmic women also seem to be capable to communicate well with their partner, increasing their arousal through it (Darling et al., 1991).

Furthermore, mindfulness has shown to be associated to effective communication (Barnes, Brown, Krusemark, Campbell, & Rogge, 2007). Above all the dimensions of Describing and Acting with Awareness have been partially held accountable for partner communication in regard to sex (Dunkley, Goldsmith, & Gorzalka, 2015) .

1.6 Sexual satisfaction

Higher sexual satisfaction has been observed in couples with a broader experience of sexual relationships and more diverse sexual activities (Frederick, Lever, Gillespie, & Garcia, 2017). Furthermore, positive body esteem has predicted sexual satisfaction

(Satinsky, Reece, Dennis, Sanders, & Bardzell, 2012), while other studies showed that women that were more concerned with their bodily appearance during sexual activity with a partner, reported less sexual satisfaction (Dove & Wiederman, 2000; Meana & Nunnink, 2006; Purdon & Holdaway, 2006). Additionally, the present variable has shown to be impacted negatively by cognitive distractions (Nobre & Pinto-Gouveia, 2008) and by the attribution of sexual problems to causes that are internal and stable, which may impair sexual function and lead to lower sexual satisfaction (Jodoin et al. 2011; Stephenson & Meston 2016). Studies also show that greater orgasm consistency stands in connection with greater sexual satisfaction (Brody, 2007a,b; Brody & Weiss, 2011). Moreover, evidence suggests that women who reported higher levels of mindfulness, reported experiencing significantly higher levels of sexual satisfaction (Newcombe & Weaver, 2016), which suggests that this approach may promote it. (Dunkley et al., 2015).

2. General goals and hypothesis

The female orgasm, as already described, is a complex and multidimensional phenomenon (Cash, 2002), that only in recent decades has become a goal of scientific studies. As some factors influencing the female climax, are already deeply explored, others don't seem to have received enough attention yet.

Besides exploring some of the factors, we aim to give a bigger inside on what the exact differences between women, with different climax experiences are. Moreover, the study also focuses on giving further inside on how these experiences impact women's lives on different levels, specifically in the context of mindfulness, body-image, sexual sensation seeking, communication, and sexual satisfaction. The main hypotheses are:

H1: It is assumed that there are significant differences between the three groups on mindfulness. More specifically, it is expected that multi-orgasmic women score the highest on the facets of observing, describing, acting with awareness, non-reactivity and non-judgment, while anorgasmic women are expected to score the lowest.

H2: It is assumed that there are significant differences between the three groups on body-image. Specifically, we expect multi-orgasmic women to score the highest and anorgasmic to score the lowest.

H3: It is expected to find significant differences between the three groups on sexual satisfaction. More specifically, it is expected that multi-orgasmic women score the highest on sexual satisfaction while anorgasmic women score the lowest.

H4: It is expected to find significant differences between the three groups and sexual sensation seeking. More specifically, we expect that the multi-orgasmic women score the highest, while the anorgasmic score the lowest.

H5: It is expected to find significant differences between the three groups and communication. More specifically, we expect that the multi-orgasmic women score the highest, while the anorgasmic score the lowest.

3.Methods

3.1 Participants

593 women participated in our online questionnaire and were assigned, according to their orgasmic characteristics, to one of the three comparison groups. After the assignment process to groups according to criteria, we were able to attribute 373 women to the corresponding orgasm cluster. 87 women were identified as anorgasmic (14.7%),

150 as women with singular orgasm (25.3%), and 136 as women with multiple orgasm experience (22.9%). Several criteria were used to allocate participants to an orgasm group. As general criteria of inclusion for participants, we considered the following: We sought for female volunteers of minimum age 18, that were not consuming medication that impact orgasm achievement significantly, who were not diagnosed with psychopathological issues besides anorgasmia and have been sexually active during a minimum period of six months.

The participants assigned to the group of anorgasmia, were characterized by achieving climax never or rarely, they had to have identified reaching orgasm as a sexual difficulty, and with an intensity of suffering/discomfort of at least three out of seven persisting for a minimum period of six months. Participants assigned to the group of singular orgasm were characterized by achieving orgasm regularly and not having sexual difficulties related to climax experience or other areas of their sexual experience. Participants assigned to the group of multiple orgasm were characterized by the regular experience of multiple orgasm (frequency minimum 4 out of 7) and no intense sexual difficulties related to climax or any other area.

According to the conducted descriptive analysis (Table 1), participants were tendentially young and varied between age 26 and 28. Regarding marital status, participants declared most frequently to be single (34.6%) or cohabitating (34.7%), while others stated to be married (27.6%) divorced (3%) or widowed (0.3%). Regarding education level, the women who participated, declared most frequently to have a Bachelor (38.3%) or Master degree (35.4%), which represents a tendency towards a very educated participants group. Other subjects stated to have a secondary

education (13.5%), doctoral degree (8.1%), postdoctoral degree (2.9%), have primary education (0.3%), no education (0.2%) or have taken other studies (1.3%). The three orgasm groups don't show any significant differences in regard to the three sociodemographic variables, hence groups were homogenous in regard to age, marital status and education.

Table 1: Sociodemographic characteristics of anorgasmic, single orgasmic and multiorgasmic group (N=353)

	Anorgasmia (N=87)		Singular Orgasm (N=149)		Multiple Orgasm (N=117)		Total (N=353)	
Age								
<i>M</i>	26.25		26.44		27.62		26.78	
<i>SD</i>	.52		.4		.45		4.88	
	(N=87)		(N=150)		(N=136)		(N=373)	
Marital status	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Single	38	43.7	41	27.3	31	22.8	110	29.49
Married	20	23	43	28.7	49	36	112	30
Cohabiting	26	29.9	63	42	48	35.3	137	36.73
Separated or Divorced	3	3.4	3	.2	7	5.1	13	3.49
Widowed	-	-	-	-	1	.7	1	.3
	(N=87)		(N=150)		(N=136)		(N=373)	
Education level	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Primary education	-	-	-	-	1	.7	1	.26
Secondary education	13	14.9	16	10.7	17	12.5	46	12.33
Bachelor degree	36	41.4	51	34	48	35.3	135	36.2
Master degree	32	36.8	56	37.3	44	32.4	132	35.38
Doctoral, postdoctoral or other	6	6.8	27	18	26	19	59	15.82

M = mean. *SD* = standard deviation

Women from countries all over the world participated in the present study, making the sample very international. Among the many of the nationalities, participants reported most frequently to be Italian (12.8%) German (10%), Dutch (10.1%), British (6.4%), American (5.9%), Luxembourgish (5.8%), Portuguese (5%), Indian (4.1%), Maltese (4.1%), Belgian (2.4%), Slovakian (1.8%), French (1.4%), Romanian (1.4%) or Pakistani (1.4%).

Although most of the sample declared to not be religious (78.9%), 21.1% stated to be so. The ones considering themselves to be a religious believer, identified themselves most frequently as catholic (16.7%) or Muslim (1.8%), while the rest of the believing participants associated themselves to various other beliefs such as Buddhism, Seven Day Adventism, Sikhism, Judaism and many others.

3.2 Procedure

The following study was conducted online by using “SoSci Survey” into which several questionnaires were programmed. The link was made available on social media, as well as on online forums concerning the study’s topic. Questions were formulated in English, in order to reach the highest number of international participants possible.

Before starting, participants found general goals and instructions on the first page, as well as an information consent, concerning voluntary and anonymous participation, and confidential treatment of their data, and possibility to end participation at any time. Data collection began with a demographic questionnaire collecting information about gender, age, school education, nationality, marital status and profession, medical treatment, emotional well-being and the experienced orgasm type. Afterwards, several questionnaires were applied. After conclusion of participation, contact information to

the researchers involved in the present study, were illustrated.

While conducting the online survey, methodological and ethical advice for online investigation according to the American Psychological Association, have been followed. In order to control attention levels of participants while taking part in the survey, the Directed Questions Scale (Maniaci & Rogge, 2014) was used. By applying this control tool, we were able to identify which participants consciously answered questions and those, who were randomly checking the online answer sheet.

Although the survey has been programmed through an online website, anonymity and privacy for each participant have been ensured, while collected information has only been accessible to the researchers working in context of the study. After data collection, information has been stored safely, ensuring anonymity of participants as well as privacy, while the collected information was and will only be used in research context.

3.3 Instruments

3.3.1 Sexual Five Facet Mindfulness Questionnaire

The Sexual Five Facet Mindfulness Questionnaire (FFMQ-S; Adam, Heeren, Day, & Sutter, 2015) is a 19 items self-report questionnaire, rated on a 5-point scale ranging from 0 (Never true) to 5 (Always true). It is used to evaluate the five facets of mindfulness in relation to sexual difficulties among women on five dimensions: Observing (attending to or noticing internal and external stimuli during sex, such as sensations, emotions, cognitions, sights, sounds, and smells), Describing (noting or mentally labeling these stimuli with words), Acting with awareness (attending to one's current sexual actions, as opposed to behaving automatically or absentmindedly), Nonjudging of inner experience

(refraining from evaluation of one's sensations, cognitions, and emotions during sex), and Nonreactivity to inner experience (allowing thoughts and feelings to come and go during sex, without attention getting caught up in them). The confirmatory factor analysis reveals good internal structural validity. Moreover, good scale score reliability was found (Cronbachs $\alpha = .94$) (Adam et al., 2015).

3.3.2 Beliefs About Appearance Scale (12 item version)

The Beliefs About Appearance Scale (BAAS; Spangler, 1999) is a 20 items two-dimensional self-report questionnaire with a five-point Likert scale ranging from 0 (I disagree) to 4 (I totally agree). In our study, we used the 12-item version (Pascoal, Alvarez, & Roberto, 2018) that specifically aims to analyze participants' rigid conditional and unconditional beliefs about self-worth based on appearance. In this questionnaire, higher scores indicate higher dysfunctional attitudes regarding appearance, while lower ones represent lower levels of dysfunction. A BAAS validation study demonstrated good internal consistency for each subscale (α ranging between .94 and .96) and good discriminant validity (Spangler & Stice, 2001).

3.3.3 Sexual Sensation Seeking Scale

The Sexual Sensation Seeking Scale (SSSS; Kalichman & Rompa, 1995) is a 10-item one dimensional self-report scale rated on a 4-point Likert scale, in which 1 corresponds to "Not at all Like Me", while 4 equals "Very Much Like Me". It analyses the need for varied and new sexual experiences and the willingness to take personal, physical and social risks for the enhancement of sexual sensations. Regarding the psychometric properties of the scale, it has demonstrated to have a good internal consistency ($\alpha = .81$) as well as a good construct validity (Kalichman & Rompa, 1995).

3.3.4 Female partner's communication during sexual activity scale

The Female Partner's Communication during Sexual Activity Scale (FPCSA; McIntyre-Smith & Fisher, 2011) is a six-item self-report measurement, whereas three items are answered on a 7- point scale from Very Difficult to Very Easy, and the other three on a 6-point scale. This scale assesses female respondents' perceptions of how easy it is to communicate with a partner during sexual activity, and how frequently they communicate their sexual preferences and the type of stimulation they desire, to their partners. Internal consistency of the total scale is considered good ($\alpha = .83$) and the test-retest reliability reasonable for the total scale ($r = .72$) (McIntyre-Smith & Fisher, 2011).

3.3.5 Female Sexual Functioning Index

The Female Sexual Functioning Index (FSFI; Rosen et al., 2000) is a multidimensional self- report questionnaire of 20 items with a six-point Likert scale. This questionnaire evaluates female sexual functioning and its subcategories referring to the last four weeks. The subcategories consist of sexual interest and desire, sexual arousal, lubrication, orgasm, sexual satisfaction and sexual pain (e.g. vaginismus) while general sexual functioning is evaluated through the total sum of the scale. Higher results in the final total score indicate better sexual functioning, while lower scores indicate lower sexual functioning. Regarding the psychometric properties of the FSFI, studies revealed a good internal consistency with α of Cronbach superior to .86 for total scale and values ranging between $\alpha=.88$ to $\alpha=.9$ for subscales. Furthermore, a good discriminant validity has been found for this instrument (Pechorro, Diniz, Almeida, & Vieira, 2009).

4. Results

In the present section, the results of this study are being presented. Univariate (ANOVA) and multivariate (MANOVA) analysis were conducted in order to answer the multiple hypothesis, stated earlier regarding the three comparison groups and several independent variables. In case, pre-conditions of homogeneity of variances or equality of covariances were violated, a non-parametric test (Kruskall-Wallis) was applied. In those cases, results of parametric and non-parametric testing were similar, thus, parametric results were considered because of better robustness.

Regarding Cronbach's alpha, we found good to very good internal consistencies for general scales, namely for the FFMQ-S ($\alpha=.816$), BAAS ($\alpha=.94$), SSSS ($\alpha=.8$), sexual satisfaction ($\alpha=.86$) and FPCSA ($\alpha=.88$).

4.1 Differences between orgasm groups on Mindfulness

In order to compare the three orgasm groups on the subscales of the Sexual Five Facets Mindfulness Questionnaire, a MANOVA analysis has been executed. Considering the preconditions that have to be fulfilled, the Box's Test of Equality of Covariance Matrices has been violated, as well as Levene's Test for the subscale of Describing ($p=.03$). The non-parametric solution (Kruskall-Wallis) suggested to reject the null-hypothesis for all subscales. According to Pillai's trace, results suggest significant differences between groups ($F [10,592] = 4.56, p < .01$, partial $\eta^2 = .98$).

For the subscale of Observing, significant differences could be found between anorgasmic and single orgasmic women ($p = .03$; partial $\eta^2 = .02$). Regarding the subscale of Describing, differences could be identified between anorgasmic and single orgasmic women ($p < .01$; $\eta^2 = .07$), as well as for anorgasmic and multiple orgasmic women ($p < .01$; $\eta^2 = .07$). Same kind of group differences were identified for the subscale of Acting with Awareness ($p < .01$; $\eta^2 = .06$) and Non-Judgment ($p < .01$; $\eta^2 = .09$). For Non-reactivity, differences were found between the anorgasmic and single orgasmic sample ($p = .01$; $\eta^2 = .03$) and anorgasmic and multiple orgasmic women ($p = .02$; $\eta^2 = .03$).

Means suggest that women with anorgasmia score the lowest on dimensions of Observing, Describing, Acting with Awareness, Non-Judgment and Non-reactivity, compared to the other orgasm groups.

Table 2: Sexual Mindfulness Facets in relation to orgasm groups (N=302)

Groups									
FFMQS	Anorgasmia		Singular		Multiple		<i>F</i> (2,299)	<i>p</i>	η^2
	(N=60)		Orgasm		Orgasm				
			(N=123)		(N=119)				
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
Observing	15.83	2.52	16.95	2.68	16.28	2.97	3.74*	.04	.02
Describing	13.08	3.81	15.32	3.03	15.36	3.51	10.65***	.000	.07
Acting with Awareness	14.15	2.97	16.18	2.88	15.86	3.28	9.31***	.000	.06
Non- judging	12.23	3.58	14.78	3.23	14.95	3.49	14.44***	.000	.09
Non- reactivity	8.45	2.38	9.56	2.35	9.5	2.38	5.06**	.01	.03

* $p < .05$. ** $p < .01$. *** $p < .001$; *M* = mean. *SD* = standard deviation

4.2 Differences between orgasm groups on Body image

In order to compare the three orgasm groups on Body image in general and on a subscale level, an ANOVA and MANOVA analysis have been executed. According to the ANOVA, run on the total score of BAAS and the three comparison groups, analysis suggest firstly, that assumptions are met, and subsequently, that there are differences between groups and the general score of Body image ($F [2,287]=4.33$, $p =.01$, partial $\eta^2=.03$).

More specifically, significant differences have been found between anorgasmic and single orgasmic women ($p =.02$; $\eta^2 =.03$) and anorgasmic and multiple orgasmic women ($p =.04$; $\eta^2 =.03$). Means suggest that anorgasmic women have the most negative overall body image compared to single orgasmic and multiple orgasmic women.

Table 3: Total sum of Body Image in relation to orgasm groups (N=302)

Groups									
BAAS	Anorgasmia		Singular		Multiple Orgasm		<i>F</i> (2,287)	<i>p</i>	η ²
	(N=57)		Orgasm		(N=115)				
	(N=118)								
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
Total	50.72	15.35	43.86	14.34	44.6	15.59	4.33**	.01	.03
Sum									

* $p < .05$. ** $p < .01$. *** $p < .001$; *M* = mean. *SD* = standard deviation

Furthermore, a MANOVA analysis was executed for the respective subscales of Body Image. Assumptions for Box's Test as well as for Levene Test for all four subscales were fulfilled. Pillai's Trace suggests significant differences between groups ($F [8,570] = 1.94, p < .01$, Pillai's $V = .05$, partial $\eta^2 = .03$). As follows, results of Post-Hoc Test Bonferroni have been considered.

Regarding the subscale of Interpersonal, significant differences were encountered for anorgasmic and single orgasmic women ($p = .02$; $\eta^2 = .03$) and anorgasmic and multiple orgasmic ones ($p = .01$; $\eta^2 = .03$). Regarding Self-View, significant differences between anorgasmic and single orgasmic women have been found ($p = .02$; $\eta^2 = .03$). Results of the subscale Feelings also suggest significant differences between anorgasmic and singular orgasmic women ($p = .05$; $\eta^2 = .02$). Means suggest that anorgasmic women score the highest on the Interpersonal, Self-view and Feelings subscale.

Table 4: Body Image subscales in relation to orgasm groups (N=290)

Groups									
BAAS	Anorgasmia		Singular Orgasm		Multiple Orgasm		<i>F</i> (8,570)	<i>p</i>	η ²
	(N=57)		(N=118)		(N=115)				
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
Interpersonal	13.89	4.5	12.08	3.99	11.08	4.25	5.07**	.01	.03
Achievement	10.77	4.07	9.56	3.71	9.79	4.03	1.91	.15	.01
Self-view	13.32	4.6	11.35	4.24	11.99	4.63	3.73*	.03	.03
Feelings	12.74	4.79	10.87	4.83	11.02	4.66	3.28*	.04	.02

$p < .001$ * $p < .05$. ** $p < .01$. *** $p < .001$; *M* = mean. *SD* = standard deviation

4.3 Differences between orgasm groups on Sexual Sensation Seeking

In order to compare the three orgasm groups on Sexual Sensation Seeking, an ANOVA analysis has been executed. The assumption of homogeneity of variances has been violated ($p = .02$), which implicated the use of a non-parametric test, such as Kruskal-Wallis. The non-parametric test suggests no significant differences ($p = .35$), as well as the parametric one.

4.4 Differences between orgasm groups on Partner Communication

In order to compare the three orgasm groups on the subscales of Partner Communication, a MANOVA analysis has been executed. According to the MANOVA analysis, Box's Test assumption has been fulfilled while homogeneity of variances has been violated for the subscale of Easiness ($p = .03$). The non-parametric test, Kruskal-

Wallis, suggests that the null-hypothesis can be rejected for both, Easiness of Partner Communication ($p < .01$) and Frequency ($p < .01$). Pillai's Trace suggests that there are differences between groups ($F [4,574] = 6.91, p < .01$, Pillai's $V = .09$, partial $\eta^2 = .05$).

Subsequently, Post-Hoc Test Bonferroni has been considered. Regarding Easiness of Partner Communication, significant differences were found between anorgasmic and single orgasmic women ($p < .01$; $\eta^2 = .09$) as well as anorgasmic and multiple orgasmic women ($p < .01$; $\eta^2 = .09$). Regarding the subscale of Frequency of Partner Communication, significant differences have been found between anorgasmic and single orgasmic women ($p = .01$; $\eta^2 = .04$) as well as anorgasmic and multiple orgasmic women ($p < .01$; $\eta^2 = .04$). Means show that anorgasmic women score the lowest on Frequency of Partner Communication and Easiness in comparison to the other two groups.

Table 5: Partner Communication subscales in relation to orgasm groups (N=290)

Groups									
FPCSA	Anorgasmia		Singular		Multiple		F (4,574)	p	η^2
	(N=57)		Orgasm		Orgasm				
			(N=118)		(N=115)				
	M	SD	M	SD	M	SD			
Easiness	12.75	5.63	16.03	4.62	16.97	4.81	14.32***	.000	.09
Frequency	10.23	3.7	11.92	3.61	12.17	3.54	5.93***	.000	.04

* $p < .05$. ** $p < .01$. *** $p < .001$; M = mean. SD = standard deviation

4.5 Differences between orgasm groups on Sexual Satisfaction

In order to compare the three orgasm groups Sexual Satisfaction, an ANOVA analysis has been executed. The assumption of homogeneity of variances in the case of Sexual Satisfaction had been violated ($p = .01$), which lead to the use of Robust Tests, namely Welch Test and Brown-Forsythe. Both suggest that it is possible to move onto Multiple Comparisons and consider the results as valid (Welch statistics $F[2,161]=10.67, p<.01$; Brown-Forsythe statistics $F[2,216]=10.7, p<.01$)

ANOVA results suggest that there are significant differences between anorgasmic and single orgasmic women ($p = .01$) and anorgasmic and multiple orgasmic women ($p < .01$) when it comes to sexual satisfaction. Means suggest that anorgasmic women score the lowest on satisfaction and multiple orgasmic the highest.

Table 6: Sexual Satisfaction in relation to orgasm groups (N=323)

Sexual Satisfaction	Groups						$F(2,161)$	p
	Anorgasmia (N=64)	Singular Orgasm (N=133)		Multiple Orgasm (N=126)				
		M	SD	M	SD	M	SD	
Welch Test	11.98	3.72	13.44	3.44	14.41	3.01	10.67***	.000
Brown-Forsythe	11.98	3.72	13.44	3.44	14.41	3.01	F(2,216)	.000
							10.70***	

* $p < .05$. ** $p < .01$. *** $p < .001$; M = mean. SD = standard deviation

5. Discussion

According to the statistical analysis conducted with this study, significant differences were mainly found between anorgasmia and the two groups of women that experience orgasms (singular orgasm or multiple orgasm). We were able to find results that suggest that women who suffer from anorgasmia, have lower levels of Mindfulness, a more negative body-image, less easiness and frequency of communication with partner about sexual manners while they are also less satisfied with their sexual experience. Thereby, multiple factors really seem to play together when it comes to orgasm achievement (Basson et al., 2003).

Our results confirm some of the results of previous studies, reinforcing the existence of the connection between low levels of mindfulness and its impact on orgasm achievement (Adam et al, 2015) and high levels of mindfulness and more sexual satisfaction (Newcombe & Weaver, 2016). Furthermore, our results align with previous studies, stating that low positive body image can impact orgasm and sexual satisfaction (Dove & Wiederman, 2000; Hoyt & Kogan, 2001; Meana & Nunnik, 2006; Pujols, Meston & Seal, 2010; Purdon & Holdaway, 2006; Weaver & Byers, 2006), supporting also the correlation between orgasm achievement and a high body satisfaction (Ackard et al., 2000). Our results also stand in line with study results of Statinsky et al. (2012), that a positive body esteem predicts sexual satisfaction while a negative body image relates to lower sexual satisfaction (Dove & Wiederman, 2000; Meana & Nunnik, 2006; Purdon & Holdaway, 2006). The low levels of partner communication during sex for anorgasmic women, also associate to pre-existing literature, supporting the idea that women with anorgasmia may communicate less and therefore, have and give less insight about their

sexual desires and needs (Mark et al., 2013) and less strategies to agree on sexual activity with their partner (Rosen et al., 2015; Stephenson & Meston, 2015).

Furthermore, according to present results in regard to mindfulness, anorgasmic women seem to have a tendency to evaluate thoughts and feelings as “good” or “bad” (non-judgment), which has been associated to reduced body image, as the judgmental attitude towards themselves lead to a performance-related concern about their physique (de Bruin, Topper, Muskens, Boegels, & Kamphuis, 2012). They have shown as well, to have a low ability to “be in the moment”, which is considered as the foundation of mindfulness. This inability has been associated to reduced positive body-image (de Bruin et al., 2012). Also, the dimension of describing feelings and emotions of sexual experience have shown to be reduced in anorgasmic women, as well as the ability to observe, namely, being able to notice internal and external stimuli during sex. Furthermore, women with this sexual dysfunction seem to have a bigger difficulty in letting thoughts and feelings come and go during sex without being caught up in them (Nonreactivity to inner experiences). As Dunkley et al. (2015) discovered, the dimensions of Describing and Acting with Awareness seem to be accountable for partner communication. Our results confirm that women with anorgasmia seem to communicate less and demonstrate significantly lower results in regard to mindfulness subscales. It is important to mention that a significant discrepancy was found between anorgasmic women and the two other orgasm groups, which also leads to the conclusion that women with multiple and single orgasms don’t significantly differ in their level of present-moment experience.

Body-image is also an important construct for female sexual functioning, sexual esteem and sexual behavior (Woertman & Brink, 2012). Anorgasmic women scored

significantly higher when it came to dysfunctional body-image, which suggests higher dysfunctional attitudes regarding appearance. Women with anorgasmia showed significantly higher levels of perceived consequences of appearance for relationships (Interpersonal Body-image), a significantly more negative self-view, as well as more negative feelings related to body image. Past studies have indeed found similar results, hence, women have been reporting that their body image had a positive effect on sexual enjoyment (Ackard et al., 2000; Koch, Mansfiel, Thureau, & Carey, 2005; Woertman & van den Brink, 2012), which in the present study was confirmed by the two orgasm groups scoring higher on body image as well as on sexual satisfaction. However, our results and past studies have not identified if body-image may impact orgasm likelihood or vice-versa.

Regarding sexual sensation seeking, our study suggests, that there are no significant differences between orgasm groups on this variable. This opposes results of past studies, that indicated that women with multiple orgasms manifested a more explorative behavior in sexual activities in order to enhance their sexual sensations (Darling, 1991). In order to explain this discrepancy of past and present results, it might be helpful to consider that our study compared women with different orgasm experiences, which is new. It might be, that differences between groups are non-existent, while we have to consider that the present study did not only focus on this dimension, but also on others. This means that the use of a questionnaire with more items and subscales or multiple questionnaires analyzing this variable, may deliver other results. As this dimension has been very unexplored, above all, when comparing women with different orgasm experiences, it might be important to continue exploring the connection between sexual sensation seeking and orgasm type by including more questionnaires and focusing more on this specific variable.

Regarding partner communication, which may positively impact sexual functioning through knowledge and understanding of the partner (Mark et al., 2013), our results suggest that anorgasmic women score significantly lower in easiness and frequency of communication when it comes to sexual interaction. This means women with anorgasmia communicate less about their desires and with less easiness, in comparison to women that experience orgasm, be it multiple or singular. On the other hand, single-orgasmic and multiple-orgasmic women may benefit from their partner communication during sex, by increasing knowledge and understanding about their partner (Mark et al., 2013), and develop better strategies to agree on sexual practices (Rosen et al. 2015; Stephenson & Meston, 2015). Hereafter, our results stand in alignment with the idea that a connection between partner communication and orgasm achievement exists (Mark & Jozkowski, 2013).

Women with anorgasmia also have reported significant differences in sexual satisfaction in comparison to the other two comparison groups. Their sexual satisfaction seems to be significantly lower, which might be due to the lack of orgasm consistency (Brody, 2007a,b; Brody & Weiss, 2011), negative body image (Dove & Wiederman, 2000; Hoyt & Kogan, 2001; Meana & Nunnink, 2006; Pujols, Meston, & Seal, 2010; Purdon & Holdaway, 2006; Weaver & Byers, 2006) and lower levels of mindfulness (Brotto, Basson, & Luna, 2008; Brotto, Krychman, & Jacobson, 2008).

In sum, this study could not identify significant differences between orgasm types (multiple vs. singular) but we were able to find results that suggest that women who suffer from anorgasmia have lower levels of mindfulness, a more negative body-image, less easiness and frequency of communication with partner about sexual manners and are less

satisfied when it comes to sex. Although women have individual orgasmic patterns (Heiman, 2007), the results of this study probably represent the existence of a multifactorial pattern (Basson et al., 2003; Jodoin et al., 2011), responsible for the inability to achieve climax.

As previous literature has shown and present data confirms, the independent variables (sexual satisfaction, body image, mindfulness and partner communication) don't only stand in connection with orgasm achievement, but they also influence each other. This makes the capacity to climax an even more complex phenomenon. We could hypothesize that the inability to abstract from negative cognitions, namely the lack of mindfulness, may lead to the inability to abstract from negative cognitions in general, including negative beliefs about own appearance, while previous studies also confirm the influence of mindfulness on sexual satisfaction (Brotto, Basson & Luna, 2008; Brotto, Krychman & Jacobson, 2008) and partner communication (Barnes, Brown, Krusemark, Campbell, & Rogge, 2007).

6. Limitations

Although this study consisted of a relatively big sample and has been collected on an international level, some limitations could still be identified impacting representability to the general population.

Firstly, the average age of our study showed a young trend of participants, which limits results in a sense that representability for older women, namely for female individuals in their forties and older.

Secondly, participants stated to tendentially have a high education. This may

impact their level of education in relation to sexual experiences and orgasm, as well as their vastness of sexual behavior, as they may have broader knowledge or a greater access to information about it. This might be due to the high level of English used inside the online questionnaire, which has been composed of specific terminology, that may not be understandable for lower educated individuals. Reason for the young age sample with a high education pattern might be that individuals with such characteristics have a facilitated access to the internet.

Furthermore, we must consider the vastness of cultures that come along with the multitude of participating nationalities. Cultures can differ in regard to meanings they attribute to sex and orgasm, which can influence answer choice, while it also has the ability to influence sexual experience on a general level.

Finally, we must consider the difficulties and limitations that might exist in participants answering self-report measures and explaining their orgasm experience through it. It is possible that this might have influenced and created some deviation in answering. Also the fact of collecting data online, might have exposed some participants to uncontrolled distractions, such as noise, setting, lighting, influence of others, etc.

7. Conclusion and future studies

Given the lack of scientific studies about female orgasm experiences, there remains a lot of information and new variables to be discovered. We think, studies regarding climax experience, should aim towards collecting a sample that is broader in age or focus on participants that are older and compare their experience to a younger sample, such as ours. Reason for this is, that women of older age may have different orgasmic

experiences that the present study couldn't capture. Therefore, other studies might be helpful in leading to different results and representing other age groups. Future studies should also aim towards collecting a more differentiated group of participants in relation to education or a sample that is tendentially representing a population of women with a lower range of education, as this might deliver different results as well. Other further studies concerning the subject, might want to analyze sexual sensation seeking more in depth as our non-significant results contradict those of Darling et al. (1991). It might be necessary to use a questionnaire with more items and composed of sensation seeking subscales in order to assess whether differences between orgasm groups could exist. Moreover, studies that provide more in-depth information in relation to differences in sexual behaviors and attitudes between women with singular and multiple orgasms, might give new insights on the subject.

Although this study assumed that identified attitudes or behaviors lead to a certain type of orgasm experience, realistically it could also be possible that orgasm type, influences certain patterns of behavior and thought processes. Therefore, future studies should also aim towards the creation of longitudinal research, observing changes in attitudes and orgasm experiences in order to understand what the direction of influence might be.

In conclusion, the primary aim of the study has been met, namely, increasing information for treatment purposes and provoking new areas of discussion about female orgasm and sexuality. The collected knowledge might be important in the treatment of anorgasmia, as it might give some orientation on where significant problems may lay, treat them, and therefore, positively impact levels of suffering or lead to higher easiness in

climax. Furthermore, results could increase female empowerment, by underlining that the female orgasm can be impacted by own attitudes and behaviors related to sex, contrasting more conservative beliefs that try to attribute the orgasm achievement to the partner's sexual behavior and attitude.

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9. Annex

Annex A: Diagrams representing Means of Scales

Diagram 1: Means of Mindfulness Subscales

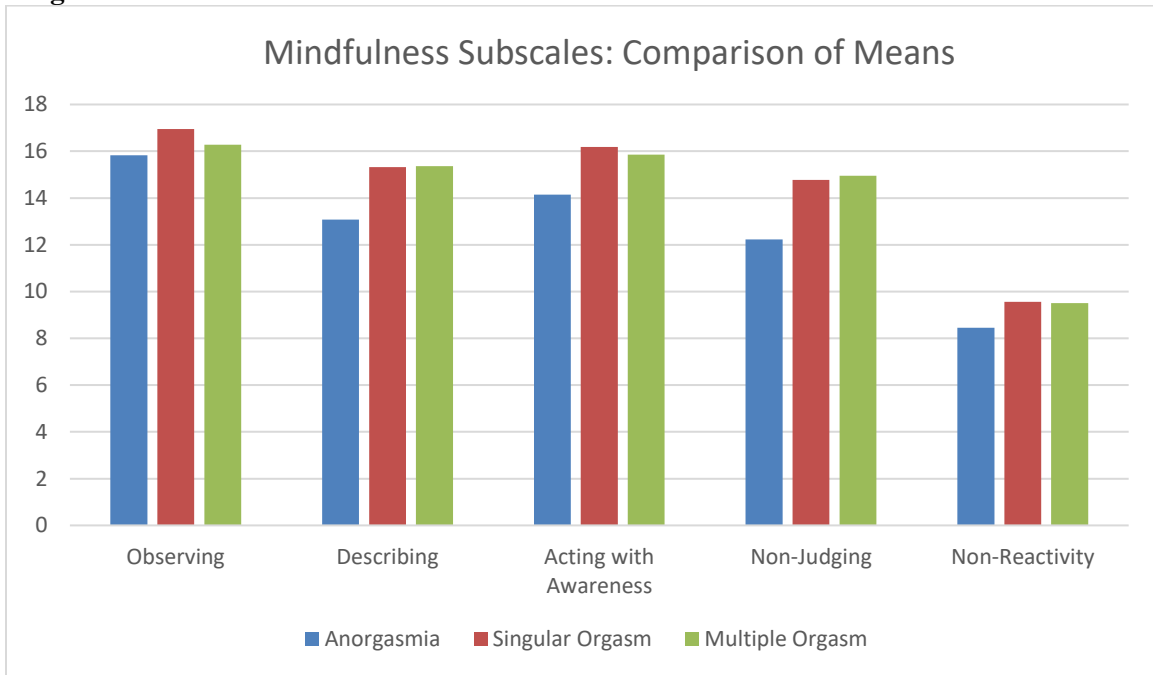


Diagram 2: Means of BAAS Total Sum of Subscales and individual subscales

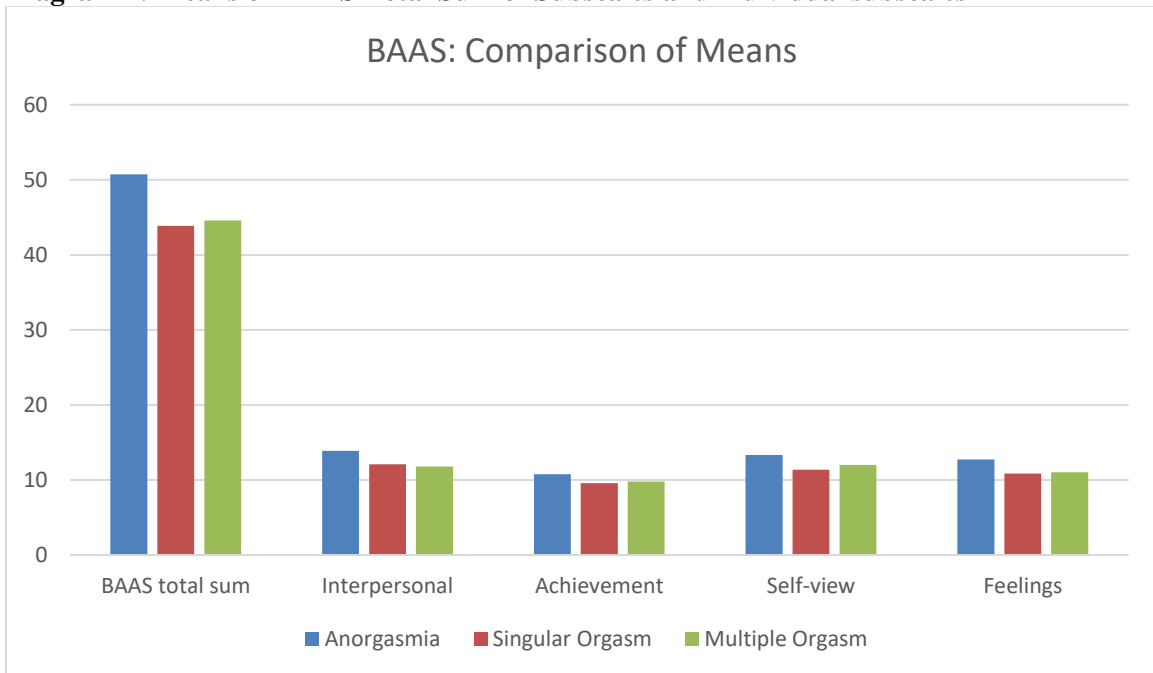


Diagram 3: Means of Partner communication

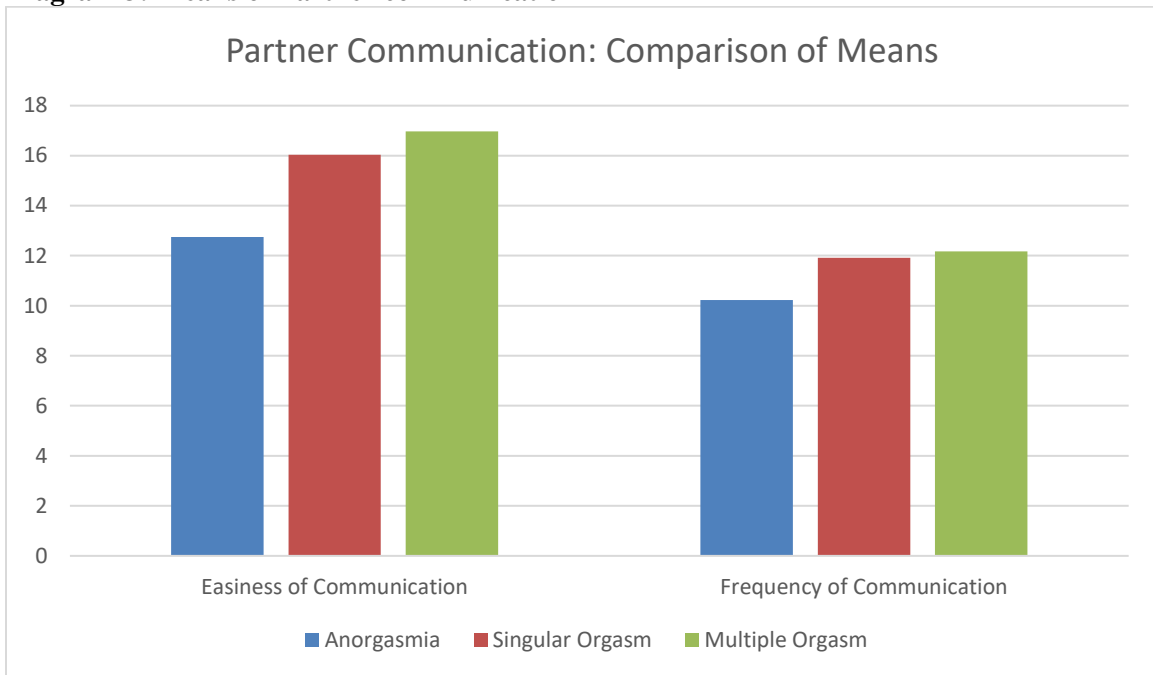
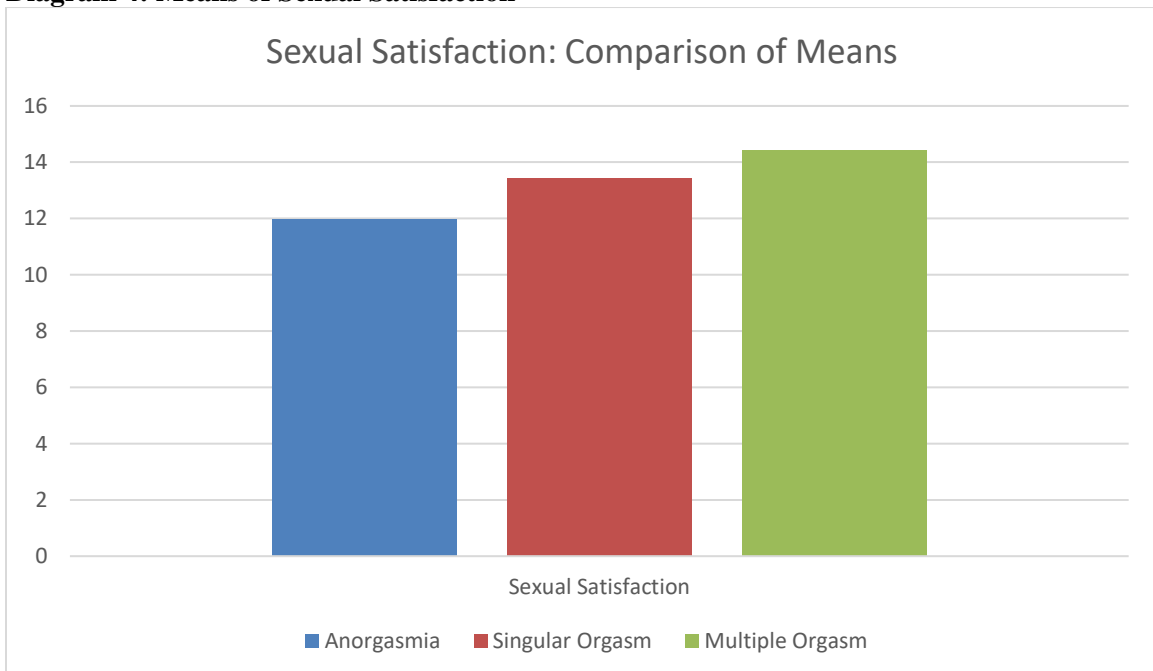


Diagram 4: Means of Sexual Satisfaction



Annex B: Information about the study and Information consent

Information about the study

Dear participant, thank you for deciding to take part in this study!

Duration:

This study involves approximately 30 minutes of your time to answer the questions of this survey.

Study purpose and Instructions:

The aim of this study is to get a deeper understanding of female orgasmic experiences: therefore the questionnaire will involve questions concerning socio-demographic data (such as age, nationality, frequency of sexual activity, medical history, etc.) as well as questions about body appearance, partner communication, mindfulness, sexual functioning, and sexual behavior.

In order for this study to represent reality in the most realistic form, we ask you to answer the survey in the most GENUINE and HONEST way possible.

We are generally aiming for participants of the FEMALE gender, that are SEXUALLY ACTIVE and AT LEAST 18 YEARS OLD.

While completing the questionnaire, you could encounter some difficulties in answering certain questions. However, it would be important that you still chose the answer that corresponds most to you, even if you are not completely certain about what option to chose. Therefore, we would love for you to respond to ALL the questions of the survey.

As the information we are collecting is sensitive, we assure COMPLETE ANONYMITY of your identity, while we will also assure to not collect any data that will make it possible to discover participants identification. Moreover, we guarantee you the possibility to stop your participation AT ANY POINT IN TIME.

Possible risks:

There are no risks for you in participating in this questionnaire but if out of any reason, you feel the participation in this study to be a threat to you and your psychological or physical health, you can stop anytime without any negative consequences.

Protection of privacy:

All the data recovered in this study are treated confidentially and are not transmitted or accessible to third parties. All the people involved in this study underlie professional discretion. The data of this study will only be accessible for authorized personnel of the Universidade Lusófona do Porto.

Context of the study:

This study is being realized by Sonia Pieramico in the context of the Master in Clinical and Health Psychology at the Universidade Lusófona do Porto and is being supervised by Prof. Cátia Oliveira.

Questions:

In case of any further questions or doubts about the study you can get in touch with:

Sonia Pieramico

E-Mail: soniapieramico@gmail.com or a21703777@mso365.ulp.pt

Information consent

I confirm by clicking on the "Continue"-Button on this website, that I have been informed about the relevant aspects of this study and that I have read and understood the Information concerning the following survey. The following study "The Big O: Discovering the differences between multi-orgasmic, single-orgasmic and anorgasmic women" is conducted in the frame of the master thesis of Sonia Pieramico in the program of Clinical and Health Psychology at the Universidade Lusófona do Porto. The present study is being oriented by Prof. Cátia Oliveira.

I have been informed about the nature and main goals of the study and about the possibility of contacting the investigator in case of doubts. I also have been guaranteed the possibility to stop my participation at any point in time, if wanted.

Furthermore, I understand that my participation is COMPLETELY ANONYMOUS and that the collected data will be kept confidential. The information collected will be analyzed by the responsible personnel of the study, under the authority of the main investigator.

I agree and authorize by clicking on the "Continue" Button, that my answers to the survey will be used in the frame of this study.

Annex C: Sociodemographic questionnaire

sociodemographic data

1. What's your age?

2. Please indicate your gender

☐ female

☐ female transgender

☐ other

3. Please indicate your level of education

☐ none

☐ primary education

☐ secondary education

☐ bachelor degree

☐ master degree

☐ doctoral degree

☐ postdoctoral degree

☐ other studies, please specify

4. What's your nationality?

5. What's your current employment? (In case you are unemployed, please indicate so)

☐ actively working, specify:

☐ unemployed

☐ retired

☐ student

6. Please indicate your marital status:

☐ married/civil union

☐ single (SKIP QUESTION 7 & 8)

☐ widowed (SKIP QUESTION 7 & 8)

☐ separated or divorced (SKIP QUESTION 7 & 8)

☐ cohabiting

7. How long has your relationship been lasting? (please indicate duration in years and months).

8. Please specify the type of relationship you have with your current partner (choose one or several options):

☐ marital

☐ in factual union

☐ in a relationship

☐ cohabitating

☐ other (specify):

9. Have you been sexually active during the last 6 months?

☐ yes


☐ no

10. Are you practicing any kind of religion?

☐ no (SKIP QUESTION 11)

☐ yes (specify which one)

11. If you answered the previous question with "yes", to what degree do you consider yourself to practice the religion? Choose a number corresponding to your choice



☐ very low 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 very high

12. I read instructions carefully. To show that you are reading these instructions, please leave this question blank.

☐ never ☐ rarely ☐ sometimes ☐ mostly true ☐ true

medical situation

1. How do you evaluate your health in general?

☐ very bad ☐ bad ☐ reasonable ☐ good ☐ very good

2. Health issues

From the medical conditions listed below, mark those that you have been or are currently experiencing. If there are other health issues that you have been experiencing, please indicate them in the corresponding section. In case you have not experience a certain medical condition, indicate it with "never".

	never	currently	in the past
stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
allergies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
artheriorsclerosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
cardiovascular disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
neurological disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
oncological disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
diseases regarding bones and joints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
sexual transmissive diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
chronic headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
endometriosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
eplilepsia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
high colesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
fibromyalgia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
arterial hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
arterial hypotension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
thyroid issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
chronic fatigue syndrome	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
irritable bowel syndrome	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
alcohol and drug abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
anemia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
skin diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
chronic pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. in case you have any other health issues than listed before, please specify here the medical disorder you experienced

4. Did you take any of the following medications in the last 6 months? (please select which ones)

- ☐ Antihypertensives
- ☐ Antidepressants
- ☐ Antipsychotic/ Neuroleptic drugs
- ☐ Hormones/ hormonal contraception
- ☐ I didn't take any medication
- ☐ other (specify):

5. Did you ever undergo any type of surgery or gynecological procedures?

- ☐ no (SKIP QUESTION 6)
- ☐ yes

6. Please skip this question

☐ never ☐ rarely ☐ sometimes ☐ mostly true ☐ true

7. If yes, which of the following procedures did you undergo?

- ☐ extraction of uterus
- ☐ extraction of one ovary
- ☐ extraction of two ovaries
- ☐ tying of one fallopian tube
- ☐ tying of two fallopian tubes
- ☐ surgery on uterus, cervix, vagina or other gynecological procedure
- ☐ other procedure (please specify briefly):

history of menstruation and gynecology

1. Please indicate the age of your first menstruation

2. Please indicate in what phase you are:

- ☐ pre-menopause (regular menstruation)
- ☐ peri-menopause (irregular menstruations; no menstruation during 2 or more months, up to 12 months)
- ☐ post-menopause (no menstruation during 12 months or more)

3. Is your menstruation regular?

- ☐ no
- ☐ yes

4. Do you experience bleeding between menstruations?

- ☐ no
- ☐ yes

5. Please indicate if you ever experienced one of the following infections (if not, select the last answer)

- ☐ vaginosis bacteriana (abnormal flux and odor)
- ☐ chlamydia
- ☐ vaginal warts
- ☐ genital herpes
- ☐ HIV
- ☐ HPV
- ☐ pelvic inflammation
- ☐ syphilis
- ☐ Candidiasis
- ☐ trichomoniasis
- ☐ None

6. Please indicate your history of contraception

	used in the past	using currently
contraceptive pill	<input type="radio"/>	<input type="radio"/>
intrauterine device (IUD)	<input type="radio"/>	<input type="radio"/>
vaginal ring	<input type="radio"/>	<input type="radio"/>
sub-dermal implant	<input type="radio"/>	<input type="radio"/>
masculine condom	<input type="radio"/>	<input type="radio"/>
feminine condom	<input type="radio"/>	<input type="radio"/>

7. In case you are taking or have been taking the contraceptive pill, please indicate the age you started taking it

8. Are you pregnant?

- ☐ no
- ☐ yes

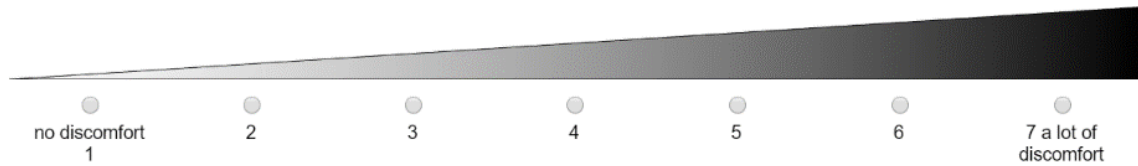
9. Are you currently breast feeding?

- ☐ no
☐ yes

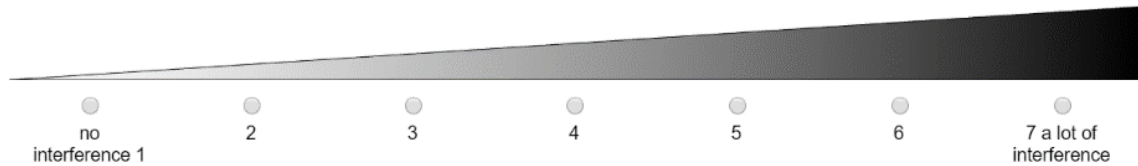
10. Do you consider yourself to have sexual difficulties or dysfunction?

- ☐ no (SKIP QUESTION 11, 12 & 13)
☐ maybe
☐ yes

11. If you answered with "yes" to the previous question, what number represents best the intensity of your suffering/discomfort caused by the sexual issues?



12. To what extend do the sexual problems interfere with your life (e.g. life quality, relationship with partner, relationship with friends and family, mood, professional life, etc.)?



13. This is a control question. Leave this question blank.

- ☐ never ☐ rarely ☐ sometimes ☐ mostly true ☐ true

14. At what level/s do you experience these problems? (please select one or more options)

- ☐ sexual desire
☐ sexual excitement
☐ lubricification
☐ orgasm
☐ pain
☐ vaginism
☐ aversion

sexual behavior

1. With what frequency do you involve yourself in sexual activity with a partner?

- ☐ less than once a year
- ☐ less than once a month
- ☐ 1-3 times a month
- ☐ 1-2 times a week
- ☐ 3-5 times a week
- ☐ every day or almost every day
- ☐ more than once a day

2. Are you satisfied with the frequency of your sexual encounters?

- ☐ no
- ☐ yes (SKIP QUESTION 3)

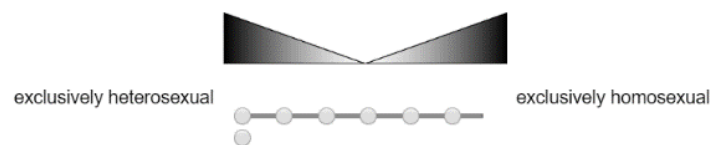
3. If not, what would be the ideal frequency of sexual encounters for you?

4. How many sex partners did you have in your life until now?

5. Besides the current sex partner you might have, do you have any other current sex partners?

- ☐ no
- ☐ yes (please specify how many)

6. Please indicate your sexual orientation



7. Did you ever have an undesired sexual experience?

- ☐ no (SKIP QUESTION 8 & 9)
- ☐ yes

8. If yes, in what period of development did it occur? (if you answered no to the previous question, you can skip this item)

- ☐ childhood
- ☐ adolescence
- ☐ young adulthood
- ☐ middle-age
- ☐ old age

9. If you have had an undesired sexual experience, have you currently experienced uncomfortable thoughts or dreams about it, or did you feel discomfort in any context that made you remember the experience? (If you didn't have an undesired sexual experience, please skip this question)

- ☐ no
☐ yes

10. Did you ever involve yourself in any activity that could have exposed you to the risk of getting infected with HIV?

☐ no

☐ yes (please explain):

11. Usually, during sexual encounters with a partner, with what frequency do you involve yourself in the following sexual activities?

	never						always
masturbation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
fantasies or sexual thoughts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
erotic material/ pornography (magazines, videos, internet, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
exotic clothes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use of other materials (e.g. vibrators, exotic lotions, flavoured condoms, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Please skip this question

☐
never

☐
rarely

☐
sometimes

☐
mostly true

☐
true

13. In case you usually include other sexual activities, that are not indicated in the question above, please explain here:

14. The following question includes statements about sexual fantasies or thoughts about sex. Please indicate on the scale how much this statements apply to you

	never						always
During sexual activity i have sexual fantasies or thoughts about sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
during masturbation i have sexual fantasies or thoughts about sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
my involvement in sexual activity increases with my sexual fantasies or thoughts about sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
my pleasure increases with my sexual fantasies or thoughts about sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On a day to day basis, outside of sexual contexts, I think about sexual fantasies or have thoughts about sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. To what extent do the following circumstances influence the context in which you usually have sexual intercourse with a partner?

	not at all	a lot
appropriate context	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
privacy	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
erotic context	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
appropriate time of the day/night	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
lack of time	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
tiredness	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
stress	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
concerns/worries	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	

16. Normally, when you are having sexual intercourse with a partner, to what extent do you get concerned/worried about the following situations?

	not at all	a lot
risk of undesired pregnancy	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
risk of sexual transmissive diseases	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
fear of experiencing pain or physical discomfort	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
fear of losing control	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
fear of being abandoned and/or rejected	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
fear of being physically and/or emotionally abused	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	

17. In case there are other situations during sexual intercourse, that worry you, besides those mentioned in the question before, please specify here

questions about orgasm

1. Did you ever experience multiple orgasms?

- ☐ no
- ☐ maybe
- ☐ yes

2. Please explain briefly, what in your opinion, having a multiple orgasm means

3. How frequently are you not able to achieve an orgasm during sexual activity?

- ☐ I never achieve orgasm
- ☐ Most of the time I don't achieve orgasm
- ☐ I rarely don't achieve orgasm
- ☐ i always experience orgasm

multiple orgasms

In case you stated that you have experienced multiple orgasms, please answer the following questions. If you don't experience and haven't experienced multiple orgasms, PLEASE DON'T ANSWER THE FOLLOWING 10 QUESTIONS REGARDING MULTIPLE ORGASMS AND PASS ON TO CHAPTER "SINGLE ORGASMS"

1. With what frequency do you experience multiple orgasms?

- ☐ few times-1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7-a lot of times

2. How satisfied are you with the frequency of your multiple orgasms?

- ☐ not very satisfied-1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7-very satisfies

3. What is the average number of multiple orgasms your reach per sexual intercourse?

4. Does the number of orgasms vary according to the type of situation or stimulation?

☐ no

☐ yes (specify how):

5. Are there specific conditions for you, that lead to multiple orgasms (e.g. sexual partner, position, type of stimulation, focus, etc.)?

☐ no

☐ yes (please specify):

6. How do you classify the orgasms in intensity?

low intensity

high intensity

first orgasm

☐ ☐ ☐ ☐ ☐ ☐ ☐

second orgasm

☒ ☒ ☒ ☒ ☒ ☒ ☒

third orgasm

☐ ☐ ☐ ☐ ☐ ☐ ☐

4th or further on orgasm

☒ ☒ ☒ ☒ ☒ ☒ ☒

7. Have you always been able to reach multiple orgasms or is it an occasional experience?

☐ it happens occasionally

☐ I started experiencing them starting from a certain moment in life

☐ I have always been able to experience multiple orgasms

8. How important is it for your sexual satisfaction to experience multiple orgasms?

☐ not very
important-1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7-very
important

9. If you could change your orgasmic experience, would you do so? why?

10. Is there any other information you would like to add, regarding your multiple orgasms?

Singular orgasms

In case you indicated that you are not able to reach multiple orgasms but you do experience single orgasms, please answer the following questions (if you experience multiple orgasms please don't answer the following questions). IN CASE YOU INDICATED THAT YOU ARE NOT OR HAVE NEVER EXPERIENCED ORGASMS, PLEASE SKIP THIS SECTION AND MOVE ON TO "FREQUENCY OF SEXUAL BEHAVIOR AND ORGASM"

1. With what frequency do you reach orgasms?

☐ few times-1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7-most of the time

2. Are you satisfied with the frequency?

☐ not very satisfied-1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7- satisfied a lot

3. Are there specific conditions that lead to orgasm? (e.g. sexual partner, position, type of stimulation, focus, etc.)?

☐ no

☐ yes (please specify)

4. How do you classify the intensity of your orgasm?

☐ low intensity-1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7- very high intensity

5. If you could change your orgasmic experience, would you? why?

6. Is there any other information you would like to add, regarding your orgasm?

frequency of sexual behavior and orgasm

For each of the following sexual behaviors, please indicate the frequency with which you involve yourself in them and the frequency with which you normally reach orgasm when using the behavior.

Note: in the questions related to clitoral stimulation, we refer to the clitoral gland, situated above the urethra and the vagina entrance

1. Please indicate the FREQUENCY with which YOU INVOLVE YOURSELF in the following behaviors

	1-never							7-always
masturbation (focus on the clitoris)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
masturbation (focus on vaginal penetration)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
manual stimulation through the partner (with focus on the clitoris)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Manual stimulation through the partner (focus on vagina)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
getting oral sex	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
anal stimulation with fingers (through partner)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
anal stimulation with tongue/mouth (through partner)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
anal penetration (through partner)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
vaginal penetration (without additional stimulation of the clitoris to reach orgasm)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
vaginal penetration (with additional stimulation of the clitoris through partner to reach orgasm)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
vaginal penetration (with additional self-stimulation of the clitoris to reach orgasm)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Please indicate with what FREQUENCY you reach ORGASM by practicing the following sexual behaviors

	1-never							7-always
masturbation (focus on the clitoris)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
masturbation (focus on vaginal penetration)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
manual stimulation through the partner (with focus on the clitoris)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Manual stimulation through the partner (focus on vagina)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
getting oral sex	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
anal stimulation with fingers (through partner)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
anal stimulation with tongue/mouth (through partner)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
anal penetration (through partner)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
vaginal penetration (without additional stimulation of the clitoris to reach orgasm)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
vaginal penetration (with additional stimulation of the clitoris through partner to reach orgasm)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
vaginal penetration (with additional self-stimulation of the clitoris to reach orgasm)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Please indicate with what FREQUENCY you reach MULTIPLE ORGASM by practicing the following sexual behaviors

	1-never	2	3	4	5	6	7-always
masturbation (focus on the clitoris)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
masturbation (focus on vaginal penetration)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
manual stimulation through the partner (with focus on the clitoris)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Manual stimulation through the partner (focus on vagina)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
getting oral sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
anal stimulation with fingers (through partner)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
anal stimulation with tongue/mouth (through partner)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
anal penetration (through partner)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
vaginal penetration (without additional stimulation of the clitoris to reach orgasm)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
vaginal penetration (with additional stimulation of the clitoris through partner to reach orgasm)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
vaginal penetration (with additional self-stimulation of the clitoris to reach orgasm)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. If there are other sexual behaviors that you practice, please specify here and explain briefly the orgasmic experience linked to it

5. In your own words, how do you describe your orgasmic experience?

6. Please explain in your own words your satisfaction with your orgasm

7. Is there any situation in which you experience difficulties in reaching orgasm?

☐ no

☐ yes (please specify context and the reason to which you attribute the difficulty):

8. Do you feel that having an orgasm (independently from how it is reached) is a PHYSICAL NEED (provokes, for example, release of physical tension)?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't agree much-1	2	3	4	5	6	7-I strongly agree

9. Do you feel that having an orgasm (independently from how it is reached) is a **PSYCHOLOGICAL NEED** (for example, improves mood, self-esteem, well-being)?



10. Do you feel that having an orgasm (independently from how it is reached) is a **RELATIONSHIP NECESSITY** (for example, improves relationship with partner, increases intimacy)?



11. Do you feel that having an orgasm (independently from how it is reached) is important for your **SEXUAL SATISFACTION** (for example, improves mood, self-esteem, well-being)?



12. Please explain why:

Annex D: Sexual Functioning Scale

Instructions

These questions ask about your sexual feelings and responses during the past 4 weeks. Please answer the following questions as honestly and clearly as possible. In answering these questions the following definitions apply:

Sexual activity can include caressing, foreplay, masturbation and vaginal intercourse.

Sexual intercourse is defined as penile penetration (entry) of the vagina.

Sexual stimulation includes situations like foreplay with a partner, self-stimulation (masturbation), or sexual fantasy.

CHECK ONLY ONE BOX PER QUESTION.

Sexual desire or interest is a feeling that includes wanting to have a sexual experience, feeling receptive to a partner's sexual initiation, and thinking or fantasizing about having sex.

1. Over the past 4 weeks, how often did you feel sexual desire or interest?

- ☐ Almost never or never
- ☐ a few times (less than half the time)
- ☐ sometimes (about half the time)
- ☐ most times (more than half the time)
- ☐ Almost always or always

2. Over the past 4 weeks, how would you rate your level (degree) of sexual desire or interest?

- ☐ very low or none at all
- ☐ low
- ☐ moderate
- ☐ high
- ☐ very high

Sexual arousal is a feeling that includes both physical and mental aspects of sexual excitement. It may include feelings of warmth or tingling in the genitals, lubrication (wetness), or muscle contractions.

3. Over the past 4 weeks, how often did you feel sexually aroused ("turned on") during sexual activity or intercourse?

- ☐ no sexual activity
- ☐ almost never or never
- ☐ a few times (less than half the time)
- ☐ sometimes (about half the time)
- ☐ most times (more than half the time)
- ☐ almost always or always

4. Over the past 4 weeks, how would you rate your level of sexual arousal ("turn on") during sexual activity or intercourse?

- ☐ no sexual activity
- ☐ very low or none at all
- ☐ low
- ☐ moderate
- ☐ high
- ☐ very high

5. This is a control question. Mark “Mostly True” and move on.

☐ never

☐ rarely

☐ sometimes

☒ mostly true

☐ true

6. Over the past 4 weeks, how confident were you about becoming sexually aroused during sexual activity or intercourse?

☐ no sexual activity

☐ very low or no confidence

☐ low confidence

☐ moderate confidence

☐ high confidence

☐ very high confidence

7. Over the past 4 weeks, how often have you been satisfied with your arousal (excitement) during sexual activity or intercourse?

☐ no sexual activity

☐ almost never or never

☐ a few times (less than half the time)

☐ sometimes (about half the time)

☐ most times (more than half the time)

☐ almost always or always

8. Over the past 4 weeks, how often did you become lubricated (“wet”) during sexual activity or intercourse?

☐ no sexual activity

☐ almost never or never

☐ a few times (less than half the time)

☐ sometimes (about half the time)

☐ most times (more than half the time)

☐ almost always or always

9. Over the past 4 weeks, how difficult was it to become lubricated (“wet”) during sexual activity or intercourse?

☐ No sexual activity

☐ Extremely difficult or impossible

☐ Very difficult

☐ Difficult

☐ Slightly difficult

☐ Not difficult

10. Over the past 4 weeks, how often did you maintain your lubrication ("wetness") until completion of sexual activity or intercourse?

- ☐ no sexual activity
- ☐ almost never or never
- ☐ a few times (less than half the time)
- ☐ sometimes (about half the time)
- ☐ most times (more than half the time)
- ☐ almost always or always

11. Over the past 4 weeks, how difficult was it to maintain your lubrication ("wetness") until completion of sexual activity or intercourse?

- ☐ No sexual activity
- ☐ Extremely difficult or impossible
- ☐ Very difficult
- ☐ Difficult
- ☐ Slightly difficult
- ☐ Not difficult

12. Over the past 4 weeks, when you had sexual stimulation or intercourse, how often did you reach orgasm (climax)?

- ☐ no sexual activity
- ☐ almost never or never
- ☐ a few times (less than half the time)
- ☐ sometimes (about half the time)
- ☐ most times (more than half the time)
- ☐ almost always or always

13. Over the past 4 weeks, when you had sexual stimulation or intercourse, how difficult was it for you to reach orgasm (climax)?

- ☐ No sexual activity
- ☐ Extremely difficult or impossible
- ☐ Very difficult
- ☐ Difficult
- ☐ Slightly difficult
- ☐ Not difficult

14. Over the past 4 weeks, how satisfied were you with your ability to reach orgasm (climax) during sexual activity or intercourse?

- ☐ No sexual activity
- ☐ very dissatisfied
- ☐ moderately dissatisfied
- ☐ about equally satisfied and dissatisfied
- ☐ moderately satisfied
- ☐ very satisfied

15. Over the past 4 weeks, how satisfied have you been with the amount of emotional closeness during sexual activity between you and your partner?

- ☐ no sexual activity
- ☐ very dissatisfied
- ☐ moderately dissatisfied
- ☐ about equally satisfied and dissatisfied
- ☐ moderately satisfied
- ☐ very satisfied

16. Over the past 4 weeks, how satisfied have you been with your sexual relationship with your partner?

- ☐ very dissatisfied
- ☐ moderately dissatisfied
- ☐ about equally satisfied and dissatisfied
- ☐ moderately satisfied
- ☐ very satisfied

17. Over the past 4 weeks, how satisfied have you been with your overall sexual life?

- ☐ very dissatisfied
- ☐ moderately dissatisfied
- ☐ about equally satisfied and dissatisfied
- ☐ moderately satisfied
- ☐ very satisfied

18. Over the past 4 weeks, how often did you experience discomfort or pain DURING vaginal penetration?

- ☐ did not attempt intercourse
- ☐ almost never or never
- ☐ a few times (less than half the time)
- ☐ sometimes (about half the time)
- ☐ most times (more than half the time)
- ☐ almost always or always

19. Over the past 4 weeks, how often did you experience discomfort or pain FOLLOWING vaginal penetration?

- ☐ Did not attempt intercourse
- ☐ almost never or never
- ☐ a few times (less than half the time)
- ☐ sometimes (about half the time)
- ☐ most times (more than half the time)
- ☐ almost always or always

20. Over the past 4 weeks, how would you rate your level (degree) of discomfort or pain during or following vaginal penetration?

- ☐ Did not attempt intercourse
- ☐ Very high
- ☐ High
- ☐ Moderate
- ☐ Low
- ☐ Very low or none at all

Annex E: Sexual Five Facets Mindfulness questionnaire

Please rate each of the following statements using the scale provided. For each statement, select the number that best describes your own opinion of what is generally true for you during sexual encounters.

	never or very rarely true	rarely true	sometimes true	often true	very often or always true
1. I can easily identify when I'm sexually aroused	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. It's difficult for me to perceive physical sensations when my partner kisses me or caresses me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I don't pay attention to my physiological change when I'm aroused (e.g. vaginal lubrication, heat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I realize how the gestures of my partner impact on my emotions and my sexual arousal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I can easily help my partner to understand what makes me feel good or what my sexual needs are	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. It's difficult to express to my partner what I feel during intercourse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I easily feel my emotions during sexual intercourse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I'm unable to say if I like or dislike a specific sexual activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I cannot reach orgasm because I'm quite often absent-minded	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I usually feel quite available and present during sexual intercourse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I have the feeling I have sex in an automatic way without being able to let go	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I have the feeling that all my sexual activities are consensual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I don't criticize myself when I have sexual fantasies that I consider to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. I think I should reach orgasm more quickly	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
15. I don't judge myself when I don't reach orgasm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I think that some of my emotions are bad and I should not feel them	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
17. When I don't experience enough satisfaction during sexual activities I can take some distance and get perspective on that	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. When I have negative thoughts I feel them and let them go	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
19. When I have negative emotions I let them take over	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Annex F: Sexual Sensation Seeking Scale

A number of statements that some people have used to describe themselves are given below. Read each statement and then mark the number to show how well you believe the statement describes you

	not at all like me	slightly like me	mainly like me	very much like me
1. I like wild "uninhibited" sexual encounters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The physical sensations are the most important thing about having sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My sexual partners probably think I am a "risk taker"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. When it comes to sex, physical attraction is more important to me than how well I know the person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I enjoy the company of sensual people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I enjoy watching "X-rated" videos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I am interested in trying out new sexual experiences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I feel like exploring my sexuality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I like to have new and exciting sexual experiences and sensations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I enjoy the sensations of intercourse without a condom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Annex G: Beliefs about Appearance Scale

Instructions

Put a check (✓) to indicate how much you agree with each of the statements below.

	0-Not at all	1-somewhat	2-moderately	3-a lot	4-extremely
Interpersonal					
1. The opinion others have of me is based on my appearance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The amount of influence I have on other people depends upon how I look.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. People will think less of me if I don't look my best.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. People would be more interested in me if I looked better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. My relationships would improve if I looked the way I wished.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Achievement					
6. The amount of success I have in my (future) job or career depends largely upon how I look.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. My appearance influences my ability to do things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. My performance in activities (e.g., school, work, hobbies) is influenced by how I look.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. The opportunities that are available to me depend upon how I look.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. My school and/or work performance or opportunities would improve if I looked the way I wished.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<hr/>					
This is an extra line. Leave this question blank					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
never	rarely	sometimes	mostly true	true	
	0-not at all	1-somewhat	2-moderately	3-a lot	4-extremely
Self-view					
11. My value as a person depends upon how I look.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. How I feel about myself is largely based on my appearance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I would think more highly of myself if I looked the way I wished.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. How I look is a large part of who I am.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. It is difficult to feel good about myself when I am not looking my best.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	0-not at all	1-somewhat	2-moderately	3-a lot	4-extremely
Feelings					
16. My ability to feel happy depends upon how I look.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Improving my appearance is one of the few activities that makes me feel good or like I am accomplishing something.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. My life will be more exciting or rewarding if I look good.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. My moods are influenced by how I look.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I would enjoy life more if I looked the way I wished.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Annex H: Partner communication during sexual activity Scale

Instructions

The following questions ask about your thoughts and feelings concerning sexual activities with a partner and your sexual experiences. You are asked to rate each item on the scale provided. Please check off one box per item to indicate your response

	very difficult	moderately difficult	slightly difficult	neither easy nor difficult	slightly easy	moderately easy	very easy
1. Telling my partner what to do to stimulate me during intercourse would be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Showing my partner what to do to stimulate me during intercourse would be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Asking my partner to stimulate me to orgasm (i.e. by massaging my genitals/clitoris) when I have intercourse with my partner would be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This is a control question. Mark "Rarely" and move on.							
	<input type="radio"/> never	<input type="radio"/> rarely	<input type="radio"/> sometimes	<input type="radio"/> mostly true	<input type="radio"/> true		
	0% of the time	1-25% of the time	26-50% of the time	51-75% of the time	76-99% of the time	100% of the time	
4. When having sex with a partner, how often do you tell your partner what feels good?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5. When having sex with a partner, how often do you show your partner what feels good?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6. When having sex with a partner, how often do you ask your partner to stimulate your clitoris to orgasm?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	